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ABSTRACT

The American Medical Technologists organization opposes licensure for medical laboratory personnel unless there is consensus among all the groups representing generalist laboratory practitioners as to qualifications, titles, accreditation, and certification policies. Licensure is a restrictive and protectionistic measure, and American Medical Technologists recommends certification of medical laboratory personnel as an acceptable alternative to licensure that can ensure quality in laboratory testing at less cost to the consumer. American Medical Technologists believes that certification is a cost-effective measure that regulatory agencies can readily adopt and implement to assure the public that competent practitioners are supplying high quality laboratory testing to health care providers and consumers. It reaffirms its belief that academic preparation at the technician and medical assistant levels is mandatory, but that the technician, either through additional education and/or experience and examination and through continuing education, be able to advance within the profession to a director position. Lack of an academic degree should not be a barrier to individuals who have initiative, interest, and an innate ability to learn on the job and who desire to advance in their chosen profession of medical technology. (The document includes a brief history of the certification/licensure debate, nine statements of affirmation, and six statements of the issues.) (CML)

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AMERICAN MEDICAL TECHNOLOGISTS' (AMT) POSITION ON LICENSURE FOR MEDICAL LABORATORY PERSONNEL

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AMERICAN MEDICAL TECHNOLOGISTS (AMT) OPPOSES LICENSURE FOR MEDICAL LABORATORY PERSONNEL. IT RECOMMENDS CERTIFICATION OF MEDICAL LABORATORY PERSONNEL AS AN ALTERNATIVE TO LICENSURE. AMT BELIEVES THAT CERTIFICATION IS A COST-EFFECTIVE MEASURE THAT REGULATORY AGENCIES CAN READILY ADOPT AND IMPLEMENT TO ASSURE THE PUBLIC THAT COMPETENT PRACTITIONERS ARE SUPPLYING QUALITY LABORATORY TESTING TO HEALTH CARE PROVIDERS AND CONSUMERS.

PREFACE - Within the last few years there has been increased activity in some states to initiate licensure for medical laboratory personnel and/or facilities. One organization, the American Society for Medical Technology (ASMT) and its constituent state societies, has been the prime mover behind this effort.

All organizations representing generalist laboratory practitioners, specialists, directors, supervisors, managers, medical assistants, physicians, manufacturers of laboratory supplies and equipment, and administrators and staff of health care facilities or regulatory agencies favor quality laboratory testing for the country's health care delivery system. Is licensure the best credentialing mechanism to accomplish quality assurance for medical laboratory personnel?

INTRODUCTION - Since its inception in 1939, AMT has championed the cause of a medical technologist directing a medical laboratory. It pioneered the certification of laboratory directors and supervisors. In 1968 it initiated a certification for medical laboratory technicians, and in 1971 introduced a program for certifying medical assistants. The latter work primarily in clinics and physician offices, and their training prepares them to perform basic laboratory procedures. In addition, AMT supports a career ladder concept whereby the laboratory practitioner through education and/or experience and appropriate examination can advance in the profession.

In the '40s, American Medical Technologists took the initiative in introducing licensure for medical technologists. At AMT's Fifth Annual Convention in 1943, the delegates adopted a model bill for use in states desiring to promote licensure for medical

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technologists. Also, AMT made a concerted effort to enact licensure for medical technologists in New York State. The latter was looked upon as a key state which other states would emulate. At the time AMT believed that licensure would allow for medical technology practitioners to be measured against a uniform standard/examination and would override the voluntary system of certification offered by the American Society of Clinical Pathologists (ASCP). In those days, ASCP and ASMT collaborated on medical technologist certification and approval of medical technology education programs through the ASCP Board of Registry and the ASCP Board of Schools. The latter functioned in conjunction with the Council on Medical Education of the American Medical Association.

In his book, Public Health and Private Gain, William D. White writes: "The ASCP itself remained true to the anti-licensure, education-oriented strategy proposed by Dr. John Kolmer in 1925, and in 1937 the Registry officially came out against personnel licensure of any kind for technical personnel. Faced with the efforts of the AMT in this area, the ASCP adopted a defensive policy of opposing licensure unless it seemed certain to pass, in which case the ASCP advised state groups to employ a 'colonial' strategy and capture control of licensing activities for themselves. The ASMT joined this effort and in 1949 drew up a model bill designed expressly to be used as a last resort to capture control of licensure where attempts to introduce it seemed certain to succeed. Concisely summing up the purpose of this model bill, ASMT member Vernal Johnson wrote:

> This bill is intended as a measure of counter legislation, a weapon of self-defense, to be used by our members in states so threatened by unjust legislation.

Non-physician laboratory directors were also interested in licensure as a way of establishing their right to own and operate laboratories and to overcome the competitive advantage the ASCP system gave the pathologists. Some methods used by the College of American Pathologists against non-physician-operated laboratories were quite blatant and resulted in a 1969 consent decree in which pathologists were specifically enjoined against such practices as directly trying to prevent the use of commercial laboratories, boycotting institutions and/or persons who would use these laboratories or trying to prevent these laboratories from advertising in journals or at scientific meetings.

In the early '50s, because of the opposition from ASCP and ASMT, the AMT Board of Directors passed a resolution to stop any further attempts at licensure for medical technologists. The AMT Board further proposed that efforts in this area should have the interest and cooperation of the groups involved with medical technology certification and training, i.e., AMT, ASCP, and ASMT. In addition, the AMT Board voted to oppose legislation/ regulations that would discriminate against the AMT certificants.

Since the decades of the '40s and '50s, important changes have occurred in medical technology that impact on credentialing as it relates to medical laboratory personnel, facilities, and the delivery of quality laboratory services to the health care consumer community. Some of these are:

1. Recognition (1969) of the Accrediting Bureau of Medical Laboratory Schools (now the Accrediting Bureau of Health Education Schools) by the then U.S. Office of Education (now U.S. Department of Education) and subsequent recognition by the Council on Postsecondary Accreditation (COPA).

2. The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) began operating in 1974, seven years after the call for an arbitration meeting to resolve the Board of Schools issues that arose from the 1969 unsuccessful bid by ASMT to wrest control of the Board of Schools and the Board of Registry from ASCP. NAACLS is an independent agency with equal representation from ASCP and ASMT. The Board of Registry remained with ASCP.

3. AMT established a medical laboratory technician certification; ASCP established a medical laboratory technician and medical laboratory assistant certification. The latter has since been discontinued.

4. ASMTs increased their use of political action as a means of gaining power.

5. The emergence of new organizations; among these were:

   A) The formation (1962) of the International Society for Clinical Laboratory Technology (ISCLT), an organization representing and certifying generalist clinical laboratory personnel at the technologist and technician levels.

   B) ASMT established an independent certification agency--the National Certification Agency for Medical Laboratory Personnel (NCAMLP--short title NCA)--generalist clinical laboratory specialty certifications.

   C) The emergence of phlebotomy certification and phlebotomy organizations.

   D) The formation of the National Commission for Health Certifying Agencies (NCHCA). This is now part of the National Organization for Competency Assurance (NOCA).

   E) The formation of the American Society of Allied Health Professions (ASAHP).

F) The emergence of organizations for medical assistants, i.e., Registered Medical Assistants of the AMT and the American Association for Medical Assistants.

G) The formation of the National Association of Health Career Schools.

6. The growth of specialty organizations (some with certification and/or registry components) such as:

A) The American Association for Clinical Chemistry (AACC).

B) The American Society for Microbiology (ASM).

C) The American Association of Blood Banks (AABB).

D) American Association of Bioanalysts (AAB).

E) Clinical Laboratory Management Association (CLMA).

F) Development of an Affiliate Membership in ASCP.

G) National Clinical Laboratory Association (NCLA).

H) Associations for Histologists, Cytologists.

I) The emergence of private proficiency testing programs through AAB and CAP.

J) Accreditation of clinical laboratories through the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the College of American Pathologists (CAP).

7. The impact of Federal Legislation on hospital, independent, and interstate laboratories, i.e., Medicare, Medicaid, CLIA '67, CLIA '88 (H.R. 5471).

A) The development of the HHS Proficiency Examination (formerly HEW) to qualify medical technologists to work in independent laboratories.

8. The emergence of private, for-profit health care facilities and large commercial laboratories.

Though the above is not an exhaustive list, it vividly demonstrates the growth of the medical laboratory from a facility in the decades 1930-60 where the pathologist and medical technologist were the prime actors, to the '80s where laboratories are affected by technological advances, especially in automation/robotics; in numbers of generalist, specialist laboratory practitioners; laws/regulations and associations; a variety of facilities that are involved in myriad tests and testing procedures; and the qualifications of the people who

share the responsibility for quality assurance in our medical laboratories.

AFFIRMATION

1. That no one organization in isolation can speak for the medical laboratory and/or its personnel.

2. That there be in existence a realistic career ladder for generalist medical laboratory practitioners based on education and/or experience plus examinations and that this be established from the technician to the director level.

3. That licensure for medical laboratory practitioners is not in the best interest of the practitioner and does not guarantee the consumer the quality assurance claimed by the proponents of personnel licensure.

4. That health care facilities and state regulatory bodies rely on accreditation and certification instead of licensure.

5. That just as recognition of accrediting bodies falls within the scope of the U.S. Department of Education, recognition of certifying agencies should be carried out by the National Commission for Health Certifying Agencies of the National Organization for Competency Assurance.

6. That recognition of certification as a quality control mechanism is less costly and less cumbersome to administer than a licensure program.

7. That to be recognized as a profession/professional one does not need to use medicine's academic stepping stones as a model. Nor is it in the best interest of every allied health practice to seek independent practice status which is often the ultimate product of a licensure process. Current licensure initiatives tend to perpetuate the medicine model.

8. That generalist practitioners utilizing modern technology will be increasingly involved with data acquisition and data retrieval and that education programs must be quick to adapt to these changes. Licensure tends to control entry of new practitioners through strict educational levels.

9. That the diversity and number of interests representing medical laboratory personnel narrow the scope of practice for generalist medical laboratory practitioners.

THE ISSUES

In no other allied health occupation are there the diversity of organizational opinions/philosophies and number of organizations representing medical laboratory personnel as exist in medical technology. However, some would argue that all the various groups are not part of what is called "medical technology."

1. With regard to the four major organizations representing generalist laboratory practitioners, there is no consensus on state licensure for medical laboratory practitioners;

   A) AMT--opposes state licensure.

   B) ASCP/affiliates--maintain a neutral position on licensure, but where states have initiated licensure, they believe that national certification examinations should be recognized rather than duplicate examination preparation efforts.*

   C) ASMT--favors licensure.

   D) ISCLT--has historically been in favor of state licensure that is not unnecessarily restrictive.*

2. The Federal requirements prevail unless state laws are more stringent. It does not necessarily follow that "more stringent" translates into more competence and more quality. Impartial, unbiased data should be provided by proponents advocating more stringent state laws and/or regulations.

3. While ASMT purports to represent the profession of medical technology, its definitions of "Scope of Practice" and "Competencies for Personnel" are not necessarily shared by other medical laboratory organizations and credentialing bodies. ASMT only represents the collective thinking of their active membership component of their reported 23,000 total membership.

4. ASMT and NCAMLP (NCA) without consensus of other medical laboratory credentialing organizations have introduced terminology which they believe is more descriptive for the profession, i.e., "Clinical Laboratory Science" instead of "Medical Technology" and "Clinical Laboratory Scientist" instead of "Medical Technologist." These changes impact on current titles used by a vast majority of the current practitioners recognized by all health care providers, educational institutions, manufacturers of laboratory equipment and providers of services to the laboratories.

   ASMT as a proponent of state licensure is incorporating these titles in their proposed personnel legislation. It appears to be an attempt to legitimize through legislation what they cannot achieve through voluntary consensus.

* In response to AMT's telephone inquiry on October 31, 1988.

5. In an overly-regulated medical laboratory profession and with state licensure initiative calling for academic standards using medicine as a model and independent practice as a possible outcome, will the call for higher academic degrees produce an overly-educated population of generalist laboratory practitioners for the few laboratory positions that might be available to them? It is important that the call for more education be equated to quality and need.

6. What will be the impact of stringent regulations on manpower supply, especially in regard to care of those with sexually transmitted diseases, such as AIDS?

CONCLUSION

AMT reaffirms its opposition to state licensure for medical laboratory personnel unless there is consensus among all the groups representing generalist laboratory practitioners as to qualifications, titles, accreditation and certification policies. AMT reaffirms its position that licensure is a restrictive and protectionist measure and that certification is an acceptable alternative that can ensure quality in laboratory testing at less cost to the consumer. It reaffirms its belief that academic preparation at the technician and medical assistant levels is mandatory, but that the technician, either through additional education and/or experience and examination and through continuing education, be able to advance within the profession to a director position. Lack of an academic degree should not be a barrier to an individual who has initiative, interest and an innate ability to learn on the job and who desires to advance in his/her chosen profession of medical technology.